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FAX TRANSMISSION**DATE:** August 20, 2007**PTO IDENTIFIER:** Application Number 10/667,129-Conf. #7169**Inventor:** Allen Fox et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** DARBY & DARBY P.C.

Thomas R. Marquis

PHONE: (206) 262-8900**Attorney Dkt. #:** 08226/1203097-US1**PAGES (Including Cover Sheet):** 10

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Transmittal (1 pg.)
Fee Transmittal (1 pg.)
Petition for Extension of Time (1 pg.)
Notice of Appeal (1 pg.)
Pre-Appeal Brief Request for Review (1 pg.)
Reasons for Pre-Appeal Brief Request for Review (3 pgs.)

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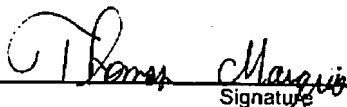
Application No. (if known): 10/667,129

Attorney Docket No.: 08226/1203097-US1

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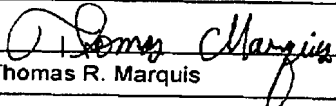
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TRANSMITTAL FORM		Application Number	10/667,129-Conf. #7169
		Filing Date	September 16, 2003
		First Named Inventor	Allen Fox
		Art Unit	3621
		Examiner Name	P. E. Elisca
		Attorney Docket Number	08226/1203097-US1
(to be used for all correspondence after initial filing)			
Total Number of Pages in This Submission	9		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission (1 pg.) Pre-Appeal Brief Request for Review (1 pg.) Reasons for Pre-Appeal Brief Request for Review (3 pgs.)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	Thomas R. Marquis		
Date	August 20, 2007	Reg. No.	46,900

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<p align="center"><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p align="center">FEE TRANSMITTAL For FY 2007</p>		<p align="center">Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/667,129-Conf. #7169
TOTAL AMOUNT OF PAYMENT		Filing Date	September 16, 2003
(\$)		620.00	
		First Named Inventor	Allen Fox
		Examiner Name	P. E. Elisca
		Art Unit	3621
		Attorney Docket No.	08226/1203097-US1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$)
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00
1401 Notice of appeal	500.00

SUBMITTED BY			
Signature	<i>Thomas R. Marquis</i>	Registration No. (Attorney/Agent)	46,900
Name (Print/Type)	Thomas R. Marquis	Telephone	(206) 262-8900
		Date	August 20, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. _____, on the date shown below.

Dated: 8/20/07 Signature: *Thomas R. Marquis* (Thomas R. Marquis)